

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10 74 3932

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12	1	2				
13	1					
14						
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25						
26						
27						
28	1					
29	1					
30	1					
31						
32						
33		2				
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	20					
TOTAL CLAIMS	35					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						